

3	4	5	6	7	8	9	12	13	REF. NO.	16
						I				

2. THE INJURED PERSON IS:

3. RESERVED

1	DOT Civilian Employee
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Contractor Employee

2	On Duty Military
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Visitor to DOT Facility

3	Off Duty Military
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Member of General Public

4. EXTENT OF INJURY OR ILLNESS

1	Fatal
2	First Aid

LOST WORKDAY CASES

3	Returned to Original Job
4	Transferred or Terminated

NO LOST WORKDAY CASES

5	Remained on Original Job
6	Transferred or Terminated

5. NAME OF INJURED PERSON

[illegible]

7. NO. OF DAYS LOST

8. SOC. SEC. NO.

[illegible]

6. RESERVED

9. AGE		10. SEX		11. DATE OF ACCIDENT					12. TIME (24 - Hr. Clock)		
50	51			52	53				58	59	60
		1	M								
		2	F								

13. PAY PLAN, GRADE AND OCCUPATION (Civ.) *Rank/Rate (Mil.)*

CIVILIAN

C

MILITARY

M

NOTE: "X" the most descriptive factor in each time below. Explain in detail on DOT F 3902.1

14. NATURE OF INJURY, ILLNESS OR DISEASE

01	Aero-Otitis (10)
02	Amputation (10)
03	Abrasion (10)
04	Asphyxia
05	Bends (<i>Caisson Disease</i>) (25)
06	Bite (<i>Nontoxic</i>) (10)
07	Bite (<i>Toxic</i>) (24)
08	Bruise (10)
09	Burn (<i>Chem.</i>) (10)
10	Burn (<i>Heat/Fire</i>) (10)
11	Burn (<i>Scald</i>) (10)
12	Burn (<i>Sun</i>) (25)

13	Bursitis (26)
14	Concussion (10)
15	Compression (<i>Crush</i>) (10)
16	Cut (10)
17	Dislocation (10)
18	Fracture (10)
19	Freezing/Frostbite (25)
20	Hearing Loss (<i>Trauma</i>)
21	
22	Heat Exhaustion (25)
23	Heart Attack (10)
24	Heart Disease (29)

25	Hemorrhoid (26)
26	Hernia (10)
27	Hypoxia (25)
28	Ionizing Rad. Effects (25)
29	Muscle Strain (10)
30	Narcosis (25)
31	Nonionizing Rad. Effects (25)
32	Poisoning (<i>Systemic</i>) (24)
33	Puncture (10)
34	Respiratory Disease (<i>Dust</i>)
35	Respiratory Disease (<i>Toxic Sub.</i>) (23)
36	Shock (<i>Electrical</i>) (10)
37	Skin Disease/Dermatitis (21)

38	Sting (<i>Toxic</i>) (24)
39	Strangulation (10)
40	Sunstroke (25)
41	Unconsciousness (<i>Illness</i>) (29)
42	Ulceration (29)
43	Vertigo/Dizziness(29)
44	Repeated Trauma Disorders (<i>Other</i>) (26)
45	Occupational Illnesses (<i>Other</i>) (29)
46	Occupational Injury (<i>Other</i>) (10)

Specify for 44, 45 or 46 Above

15. PART OF BODY AFFECTED

BODY SYSTEMS

01		Auditory
02		Circulatory
03		Digestive
04		Excretory
05		Musculo-Skeletal
06		Nervous
07		Optical
		Respiratory

12		Jaw
13		Mouth
14		Nose
15		Face (<i>Multiple</i>)
16		Scalp
17		Skull
18		Teeth
19		Head (<i>Multiple</i>)
20		Neck

23		Fore Arm
24		Arm (<i>Multiple</i>)
25		Wrist(s)
26		Hand(s)
27		Finger(s)
28		Upper Extremities (<i>Multiple</i>)

TRUNK

29		Abdomen
30		Back
31		Chest
32		Hip/Pelvis
33		Shoulder(s)
34		Trunk (<i>Multiple</i>)

LOWER EXTREMITIES

35	Thigh(s)
36	Knee(s)
37	Lower Leg(s)
38	Leg (<i>Multiple</i>)
39	Ankle(s)
40	Foot/Feet
41	Toe(s)
42	Lower Extremities (<i>Multiple</i>)
43	Multiple Body Parts
44	Other (<i>Specify</i>)

FORM DOT F 3902.2 (7-73)

SUPERSEDES PREVIOUS EDITION

PerFORM PRO/Delrina 03/27/94

GPO 876-527

CARD NO. 1

16. SOURCE OF INJURY										
01	Air	16	Food	31	Machinery (General)	47	Vapor			
	Aircraft	17	Furniture	32	Mower	48	Vertebrate/Insect			
	Atmosphere	18	Floor/Deck	33	Ordnance	49	Vessel/Boat			
04	Bodily Motion	19	Fluid	34	Platform	50	Vessel (Pressure)			
05	Boxes/Barrels, etc.	20	Cases	35	Person	51	Vessel (Highway)			
06	Brush Hook/Axe	21	Glass	36	Rifle/Gun	52	Vehicle (Industrial)			
07	Chemical	22	Hand Tool	37	Scaffold	53	Vehicle (Recreation Type)			
08	Chair	23	Hoist/Crane	38	Sound Waves/Radiant Energy	54	Vehicle (Motorcycle)			
09	Chips/Particles	24	Knife/Blade	39	Sports	55	Vegetation			
10	Dust	25	Ladder	40	Spike/Nail	56	Water			
11	Door	26	Ladder (Ship)	41	Stairs	57	Working Surface (Other)			
12	Electricity	27	Line/Cable	42	Steam	58	Other			
13	Elevator	28	Line Mooring	43	Stove/Heater	Specify for Item 57 and 58				
14	Explosives	29	Machine (Woodworking)	44	Temperature Extremes			17	18	
15	Fire/Smoke	30	Machine (Metalworking)	45	Train/Rolling Stock					
				46	Trackage					
17. ACCIDENT TYPE										
01	Abraded	07	Decompression	13	In Contact With	19	Struck By (Moving Obj./Pers.)			
02	Absorption	08	Drowning	14	Inhalation	20	Struck By (Animal/Insect)			
03	Bodily Reaction	09	Exposure	15	Injection	22	Trip/Slip (No Fall)			
04	Caught Between	10	Fall (From Elevation)	16	Overexertion	23	Other (Specify)			
05	Caught In	11	Fall (From Veh./Ves.)	17	Struck Against			19	20	
06	Caught Under	12	Fall (Same Level)	18	Struck By (Falling/Airborne Obj.)					
18. HAZARDOUS CONDITION RELATION TO:										
01	Air Contamination	08	Equipment	15	Maintenance	22	Slippery/Icy Surface			
02	Arrangement	09	Grounding (Elec.)	16	Means to Secure	23	Storage			
03	Clearance	10	Guarding	17	Natural Phenomena	24	Ventilation			
04	Clothing	11	High Pressure	18	O ₂ Deficiency	25	Warning			
05	Construction/Design	12	Housekeeping	19	Procedure	26	Other (Specify)			
06	Containment	13	Illumination	20	Procurement			21	22	
07	Disposal Facilities	14	Low Pressure	21	Safety Clothing/Equipment					
19. UNSAFE ACT OF INJURED PERSON										
01	Committed Driving Error	09	Lifted Improperly	17	Used Equipment Unsafely					
02	Did Not Deenergize/Stop Equip./Mach.	10	Loaded/Placed/Mixed Improperly	18	Used Unsafe Equipment					
03	Did Not Secure	11	Moved at Unsafe Speed	19	Was Inattentive					
04	Did Not Use Safety Equip./Clothing	12	Placed Body/Parts In/Under/Between	20	Wore Jewelry					
05	Engaged in Horseplay	13	Removed Guard	21	Wore Unsafe Clothing					
06	Entered Cramped Space	14	Rode in Unsafe Place/Position	22	Worked Without Guard in Place					
07	Gripped Insecurely	15	Took Wrong/Unsafe Hold	23	Other (Specify)			23	24	
08	Lifted Too Much/Too Often	16	Used Body/Parts Instead of Tools							
20. UNSAFE PERSONAL FACTOR (or Preexisting Physical Condition)										
01	Alcoholism	07	Epilepsy	13	Nervousness	19	No Personal Factor			
02	Allergy	08	Fatigue	14	Phobia	20	Other (Specify)			
03	Auditory Impairment	09	Improper Attitude	15	Physical Inadequacy					
04	Cardiovascular Condition	10	Immaturity	16	Pulmonary Condition			25	26	
05	Color Blindness	11	Influence of Alcohol	17	Untrained/Unskilled					
06	Diabetes	12	Influence of Medication	18	Visual Inadequacy					
21. MOST PROBABLE CAUSE OF INJURY										
1	Hazardous Condition (Item 18) Above								27	
2	Unsafe Act (Item 19) Above									
3	Unsafe Personal Factor (Item 20) Above									
22. SYSTEMS DEFICIENCY										
ENTER THE NUMBER OF THE SYSTEM DEFICIENCY CHOSEN ON DOT F 3902.1 ITEM 6								28	29	
23. IF THE INJURED WAS A DRIVER/PASSENGER IN/ON A MOTOR VEHICLE WAS HE WEARING:										
A	1	Safety Seat Belt	B	MOTORCYCLES				C	Not Appt.	30
	2	Safety Seat and Shoulder Belt		4	Helmet Only	6	Both			
	3	Neither		5	Eye Protection Only	7	Neither			